

The Healthy Beginnings Partnership Charter

Adopted July 9, 2014

I. Background and Partnership Development

In September 2013, the Prince William Health District (PWHD) convened staff members and community partners to develop a five-year Community Health Improvement Plan (CHIP) to address childhood obesity in the Greater Prince William Area (GPWA). Partners were provided with data and information from the GPWA Community Health Assessment as well as results of prioritization exercises. They used national guidelines from sources such as Healthy People 2020 and the Centers for Disease Control and Prevention's Guide to Strategies to Support Breastfeeding Mothers and Babies to develop appropriate goals, objectives and evidence-based strategies to prevent childhood obesity through the promotion of breastfeeding. Planning efforts continued through December 2013 with attendance increasing and diversifying each month. The CHIP was finalized in January 2014 and is available on the PWHD website at: <http://www.vdh.virginia.gov/lhd/PrinceWilliam/communityreports.htm>.

Current partners and participating organizations include:

- Manassas Midwifery
- Novant Health Prince William Medical Center
- Novant Health Haymarket Medical Center
- Prince William Health District
- Sentara Northern Virginia Medical Center
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

While additional members will be invited to participate as the partnership sees fit, membership is open to any community members interested in supporting the coalition's goal and strategies.

II. Positions and Responsibilities

Key partnership positions and responsibilities include:

- Partnership Chairperson: Responsible for planning and facilitation of monthly meetings. Partnership members will rotate through this position on a yearly basis.
- Secretary: Responsible for taking meeting minutes. Partnership members will rotate through this position on a quarterly basis
- Prince William Health District Health Planner: Responsible for supervising the implementation of the Community Health Improvement Plan and overseeing adjustments as the work of the partnership evolves.

III. Mission and Vision

- **Vision:** All children in the Greater Prince William Area will have the opportunity to achieve optimal health through the support of a community that values and promotes breastfeeding as a cultural norm.

- **Mission:** Prevent childhood obesity in the Greater Prince William Area through the promotion of breastfeeding.

IV. Monitoring Plan

The partnership's progress will be monitored and reported through the following activities:

- Representatives of the partnership will provide quarterly updates to the Prenatal Care Coalition at its regularly scheduled meetings.
- The PWHD will track progress through collection and management of information using a Progress Report Template and Implementation and Follow-Up Log. The template and log are located in Appendices E and F of the Community Health Improvement Plan.
- The PWHD will coordinate preparation of annual reports summarizing progress towards meeting the stated goal, objectives, strategies, and action steps. It will also facilitate review of these reports with the Prenatal Care Coalition.
- The PWHD will organize and facilitate annual town hall meetings to discuss progress and gather additional feedback from community members

The Prenatal Care Coalition has agreed to function in an advisory/oversight role for the childhood obesity component of the GPWA CHIP. The PWHD is serving as facilitator throughout the development, implementation, and monitoring phases of the GPWA CHIP. In this role, the PWHD will provide support, as needed, for implementation activities.

V. Communication

The Partnership Chairperson will distribute information, resources, progress reports, and meeting minutes to members using email.

II. Barriers and Supportive Factors

A mother's decision and ability to breastfeed are influenced by many factors. The following barriers and supportive factors, which are particularly relevant in the GPWA, were identified during development of the CHIP:

Supportive Factors:

- Community groups
- Family members
- Friends

- Hospital management
- Lactation consultants
- Midwives
- Nurses
- OB/GYN physicians
- Physicians at hospitals
- Primary care physicians
- Religious groups
- Schools (health education)
- WIC Peer Counselors
- Youth programs (health education)

Barriers:

- Cultural differences
- Fear of milk shortage
- Inability to reimburse for lactation services
- Incentives to use formula
- Issues with continuum of care
- Lack of awareness of or access to online resources
- Lack of breast pumps
- Lack of employer support
- Lack of family support
- Lack of knowledge regarding benefits of breastfeeding
- Lack of knowledge regarding potential challenges with breastfeeding
- Shortage of lactation consultants in hospitals
- Social stigma

III. Objectives, Strategies, and Action Steps

The objectives, strategies, and action steps will be reviewed annually to allow for revisions and updates. The partnership's objectives, strategies, and action steps are listed below:

Objectives

- Increase the number of Baby Friendly facilities in the GPWA from 0 to 3 by CY 2018
- Increase proportion of WIC clients in the Greater Prince William Area who are partially breastfeeding from 52.5% to 62.5%
- Decrease the proportion of low-income preschoolers who are obese in Prince William County from 21.1% to 18.7% by CY 2018

Strategies and Action Steps

1. Support community hospitals in becoming Baby Friendly:

- Determine if local hospitals have existing and actively used breastfeeding policies
 - Review and provide feedback on existing breastfeeding policies or provide technical assistance for policy development
 - Identify best practices of other Baby Friendly facilities
2. Provide additional support to breastfeeding mothers
- Develop continuum of care among healthcare entities to promote continuation of breastfeeding
 - Develop scripts for hospitals and WIC to limit formula use
 - Increase presence of WIC staff at hospitals
 - Identify and raise awareness of breastfeeding benefits available through health insurance plans
 - Assess mothers' ability to breastfeed at work
 - Recognize employers that support breastfeeding mothers
3. Empower women to counteract poor community, family, and employer support for breastfeeding
- Disseminate educational messages to raise community awareness of the benefits of breastfeeding, including the association between long-term breastfeeding and decrease in childhood obesity, in culturally appropriate ways
 - Research behaviors of family members that sabotage breastfeeding
 - Research (i.e. review literature on) practices that encourage women to address family sabotage of their breastfeeding efforts
 - Develop a list of community classes that provide breastfeeding education to family members and mothers
 - Develop a guide for women on how to respond to different family scenarios that discourage breastfeeding

IV. Method of Decision Making

Majority ruling based on in-person voting at monthly meetings will be used to make partnership decisions. A quorum of 5 members must be present for voting to occur.

V. Rules and Expectations

- The partnership will meet monthly.
- The current standing meeting time is the first Wednesday of each month from 3:00 to 4:30 PM.
- The location of the meeting will rotate on a monthly basis.

- Members will treat each other respectfully and listen while others are speaking.
- Members will communicate any concerns regarding group dynamics to the Partnership Chairperson.